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Patent, Trademark & Copyright Attorneys

1221 Nicollet Avenue, Suite 800 Minneapolis, Minnesota 55403-2420 Phone 612.677.9050 Fax 612.359.9349

#### **FAX TRANSMISSION**

TO: Commissioner for Patents

Attn: Examiner ROSENZWEIG, Jason

P.O. Box 1450

Alexandria, VA 22313-1450

DATE: October /o, 2005

FROM: Glenn M. Seager

OUR REF.: 1001.1749101 TELEPHONE: 612.359.9312

Total pages, including cover letter: 7

#### PTO FAX NUMBER 571-273-8300

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Title of Document Transmitted: Response to Restriction Requirement

Applicant:

Serial No.:

Bryan Leasure 10/822,315

Filed:

April 12, 2004

Group Art Unit: 3762

Our Ref. No.:

1001.1749101

Confirmation No: 2606 Customer No.: 28075

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Bv:

Glenn M. Seager, Reg. No. 36,926

I hereby certify that this paper is being transmitted by facsimile to the U.S. Patent and Trademark Office on the date shown below.

JoAnn Lindman

Date

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PATENT

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No.:

10/822,315

Confirmation No.: 2606

Applicant

Bryan Leasure April 12, 2004

Filed TC/A.U.

3762

Examiner

ROSENZWEIG, JASON

Title

CYCLICAL PRESSURE CORONARY ASSIST PUMP

Docket No.

1001.1749101

Customer No. :

28075

### RESPONSE TO RESTRICTION REQUIREMENT

Mail Stop AMENDMENT Commissioner for Patents PO Box 1450 Alexandria, VA 22313-1450

CERTIFICATE UNDER 37 C.F.R. 1.06(d): The undersigned hereby certifies that this paper or papers, as described herein, arc being facsimile transmitted to the U.S. Patent and Trademark Office, Fax No. 571-273-8300, on this / day of October , 2005.

JoAnn Lindman

Dear Sir:

This paper is in response to the Restriction Requirement mailed September 23, 2005.

This paper is filed within the set period for response such that no extension of time is necessary.

Please consider the following amendments and remarks:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 6 of this paper.